

# DO/ EO WORKSHEET

Paralegal/ National Stage Division

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## INTERNATIONAL APPLICATION PAPERS IN THE APPLICATION FILE:

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| <input checked="" type="checkbox"/> International Application (RECORD COPY)                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> PCT/IB/331                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Article 19 Amendments                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Request form PCT/RO/101                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> PCT/IPEA/409 IPER: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ | <input checked="" type="checkbox"/> PCT/ISA/210 - Search Report: <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU<br><input checked="" type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PCT/IPEA/409 IPER was NOT AVAILABLE at the time of<br>paralegal review                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> NONE                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Annexes to 409                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Search Report References                                                                                                                                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Priority Document (s) No. _____                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                                                                                   |

## RECEIPTS FROM THE APPLICANT (other than checked above):

- |                                                                                                                                                                                                                                                                   |                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Basic National Fee (or authorization to charge)                                                                                                                                                                               | <input checked="" type="checkbox"/> Preliminary Amendment(s) Filed on:<br>1. <u>9-26-05</u> 2. _____ 3. _____                                 |
| <input type="checkbox"/> Description <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Abstract                                                                                                                                      | <input checked="" type="checkbox"/> Information Disclosure Statement(s) Filed on:<br>1. <u>9-26-05</u> 2. <u>5-1-06</u> 3. _____              |
| <input checked="" type="checkbox"/> Drawing Figure(s) - (# of dwgs. <u>11</u> )                                                                                                                                                                                   | <input type="checkbox"/> Assignment Document (forwarded to<br>Assignment Branch) 1. _____                                                     |
| <input type="checkbox"/> Translation of Article 19 Amendments<br><input type="checkbox"/> entered <input type="checkbox"/> not entered:<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> replaced by Article 34 Amendment | <input type="checkbox"/> Assignee PG Publication Notice                                                                                       |
| <input type="checkbox"/> Annexes to 409<br><input type="checkbox"/> entered <input type="checkbox"/> not entered:<br><input type="checkbox"/> not a page for page substitution<br><input type="checkbox"/> no translation <input type="checkbox"/> other: _____   | <input type="checkbox"/> Substitute Specification Filed on:<br>1. _____ 2. _____                                                              |
| <input type="checkbox"/> Application Data Sheet                                                                                                                                                                                                                   | <input type="checkbox"/> Verified Small Status Statement 1. _____                                                                             |
| <input type="checkbox"/> Power of Attorney/ Change of Address                                                                                                                                                                                                     | <input checked="" type="checkbox"/> Oath/ Declaration (executed)<br><input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship |
|                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> DNA Diskette <input checked="" type="checkbox"/> Sequence Listing                                         |
|                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Other: _____                                                                                                         |

NOTES: ☐ I.A. used as Specification ☐ Other:

35 U.S.C. 371 - Receipt of Request (PTO-1390)

Date Acceptable Oath/ Declaration Received

Date of Completion of requirements under 35 U.S.C. 371

Date of Completion of ALL requirements

Date of Completion of DO/ EO 903 - Notification of Acceptance

Date of Completion of DO/ EO 905 - Notification of Missing Requirements

Date of Completion of DO/ EO 909 - Notification of Abandonment

Date of Completion of DO/ EO 916 - Notification of Defective Response

Date of Completion of DO/ EO 922 - Notification to Comply w/ Requirements for Patent  
Applications Containing Nucleotide and/or Amino Acid Sequence Disclosures

Date of Completion of DO/ EO 923

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